



Refer to fax-no.: 0 30 / 44 32 40 79



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Direct debiting mandate (ONLY POSSIBLE FROM GERMAN ACCOUNTS)

Hereby I/ we assign you to collect my/ our due charges from my/ our account by debit. This consent may be cancelled at any time. If my/ our account doesn't possess the requisite cover, my bank is not bound to payment. Partial redemptions won't be conducted in direct debiting scheme.

Payer's name and address: _____

Payer's account number: _____

Detailed bank name: _____

Bank code: _____

Reason for transfer: _____

- Unique direct debiting mandate
- Steady direct debiting mandate

_____ place, date

_____ signature

Commerzbank
BLZ 100 400 00
Konto 521 109 900
IBAN: DE 49100400000521109900
BIC: COBADEFFXXX

Berliner Sparkasse
BLZ 100 500 00
Konto 41 33 34 06 93
IBAN: DE 53100500004133340693
BIC: BELADEV3333

Geschäftsführer: Alexander Mende
HRB 61570 Berlin-Charlottenburg
Steuer-Nr. 37/242/20075



Pantone 7408 U Pantone 541 U

